

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000092203

1. Limited Liability Company's Name

RENILOD-FLOMICH, LLC

9/16/09

FILED

09 SEP 15 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200160588672
09/11/09--01034--001 **793.75 ✓
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

108 SOUTH ST. ANDREWS DR.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32174

Country

US

3. Mailing Office Address

P.O. BOX 731223

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32173

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/10/2004

6. FEI Number

202128207

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Barbara H. Doliner

Street Address (P.O. Box Number is Not Acceptable)

108 South St. Andrews Drive

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32174

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Barbara H. Doliner

REGISTERED AGENT MUST SIGN

Date

8/30/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Barbara H. Doliner	108 South St. Andrews Drive	Ormond Beach, FL 32174

REINSTATEMENT

2005-2009

up 9/16/09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Barbara H. Doliner

Date 8/30/09

Daytime Phone

386 673 2391

Typed or printed name of signing Managing Member/Manager Barbara H. Doliner, Manager

William M. Cobb
(1881-1939)
Thomas T. Cobb
(1916-2004)
W. Warren Cole, Jr.
(1926-2008)

Jonathan D. Kaney Jr.
J. Lester Kaney
C. Allen Watts
Harold C. Hubka
Thomas S. Hart
Scott W. Cichon
Robert A. Merrell III
Bruce A. Hanna
John P. Ferguson
Rhoda Bess Goodson
Jonathan D. Kaney III
Thomas J. Leek
Michael P. Olivari
Mark A. Watts
Heather Bond Vargas



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Leanne M. Siegfried
Michael O. Sznapstajler
Caryn N. Diamond

OF COUNSEL
Larry D. Marsh

RETIRED
Jay D. Bond, Jr.

September 9, 2009

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Renilod-Flomich, LLC, Document #L04000092203

Dear Sir or Madam:

Enclosed for your attention are the following:

1. Limited Liability Company Reinstatement
2. Check Number 9413 in the amount of Seven Hundred Ninety Three and 75/100 Dollars (\$793.75) for the filing fee (\$100 reinstatement fee and \$138.75 for 5 years)

Please file the enclosed reinstatement.

Sincerely,

Brenda L. Knott

Certified Paralegal

Direct Dial (386) 323-9251
Email Brenda.Knott@CobbCole.com
Fax (386) 238-7003

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Enclosures